

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-005316

STATE FILE NUMBER

AMENDED

Registration District No.

378

Primary Registration District No.

4552

Registrar's No.

62

FILED JAN 15 1962

1. PLACE OF DEATH

a. COUNTY

Wright

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

Mountain Grove

Length of stay in 1b

Life

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

714 Northwest Street

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Wright

admission)

c. CITY

OR TOWN

Mountain Grove

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

714 Northwest Street

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

EARL

Middle

EVERETT

Last

HICKS

4. DATE OF DEATH

Month

January

Day

4th

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7/22/1899

9. AGE (last birthday)

63 Yrs

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

General Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Illinois

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Lewis Hicks

13b. MOTHER'S MAIDEN NAME

Annie Booth

14. NAME OF HUSBAND OR WIFE

Nellie Quick Hicks

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs Nellie Hicks - Mtn. Grove, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary Edema

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Bronchial Pneumonia

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

1 Day

10 Days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1-2-62 to 1-3-62 and last saw him alive on 1-3-62

Death occurred at 2:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

W A Craig D.O.

22b. ADDRESS

Mountain Grove Mo

22c. DATE SIGNED

1-8-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

2/6/1962

23c. NAME OF CEMETERY OR CREMATORY

Vanzant Cemetery

23d. LOCATION (City, town, or county)

Douglas County, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Barber Funeral Home - Mtn. Grove, Mo

25. DATE RECD. BY LOCAL REG.

1-8-1962

26. REGISTRAR'S SIGNATURE

Bernice L Silverman

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Burys Stapp

Licensed Embalmer No. 3166

P. O. Address W. L. Lowe, Inc.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.